

Substitute for form 1449/PTO (Revised 07/2007)  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(Use as many sheets as necessary)</i>				<b>Complete if Known</b>			
				Application Number		10/543,027	
				Filing Date		July 21, 2005	
				First Named Inventor		Emmanuel Legrand	
				Art Unit		3723	
				Examiner Name		Grant, Alvin J.	
Sheet	1	of	1	Attorney Docket Number		047578/294910	

#### U. S. PATENT DOCUMENTS

Examiner Initials*	Cite No.	<u>Document Number</u> Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages of Relevant Figures Appear
	64	US-5,987,756	11-23-1999	Yates et al.	
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Examiner Signature		Date Considered	
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\*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.